

NCFAS-R: North Carolina Family Assessment Scale-Reunification

for Intensive Family Preservation Services Programs Serving Reunification Cases

Version R2.0

DEFINITIONS**A. Environment**

1.Overall Environment	Clear Strength	Mild S.	Baseline /Adequate.	Mild P.	Moderate P.	Serious Problem
	+2	+1	0	-1	-2	-3
	Refers to family receiving very high ratings in the following areas: housing stability, safety in the community, housing habitability, income/employment, financial management, food and nutrition, personal hygiene, transportation, and learning environment.		Refers to family experiencing minimal problems in the following areas: housing stability, safety in the cmty, housing habitab., income/employ., finan. mgmt, food & nutrition, personal hygiene, transport., & learning envt. However, problems do not interfere in family's ability to function, & problems do not need to be addressed.			Refers to family receiving very low ratings in the following areas: housing stability, safety in the community, housing habitability, income/employment, financial management, food and nutrition, personal hygiene, transportation, and learning environment.

2. Housing Stability	Clear Strength	Mild S.	Baseline/Adequate	Mild P.	Moderate P.	Serious Problem
	+2	+1	0	-1	-2	-3
	Refers to family occupying the same, adequate residence for more than three years. If less than three years, move is prompted by a job change or move to better housing, etc. Rent/mortgage are paid on time. There are no problems meeting financial obligations of rent or mortgage.		Refers to family experiencing or previously experiencing minor problems in remaining in the same residence, but family is relatively capable of meeting financial obligations, present housing is not threatened, and family members are not inhibited in pursuing other obligations due to these problems.			Refers to family being threatened with eviction. Unable to meet rent or mortgage obligations on time, or at all. Or, family does not have housing, is living with different relatives or friends, or living in a homeless shelter. Family is not satisfied with living situation.

The NCFAS-R is a modification of the NCFAS (North Carolina Family Assessment Scale) and is intended for use by family preservation services providers working with reunification cases. Modifications were made by R.S. Kirk, in collaboration with the National Family Preservation Network (NFPN). Funding provided to NFPN for the modification project came from the David and Lucile Packard Foundation. The original NCFAS was developed by R. S. Kirk and K. Ashcraft. The NCFAS is derived from previous versions based on the Family Assessment Form, developed at the Children's Bureau of Southern California, Michigan's Family Assessment of Needs Form, and four assessment instruments developed in North Carolina by Haven House (Raleigh), Home Remedies (Morganton), Methodist Home for Children (Raleigh), and the state Division of Mental Health, Developmental Disabilities and Substance Abuse Services. Special acknowledgments are due to Sandy Sladen and Judith Nelson at the Children's Bureau of Southern California and to researchers Jacquelyn McCroskey and William Meezan. Domain specifications for the original NCFAS were based on the work of Meezan and McCroskey. Domains and subscales for Version 2.0 are based upon reliability and validity testing completed in the Fall of 1997. The NCFAS-R, Version R2.0, is based upon reliability and validity testing conducted during 2000-2001. R&V testing is ongoing.

(*)See User's Guide to the NCFAS, Version 2.0, for additional information on scale construction and psychometrics.

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3. Safety in Community	Clear Strength	Mild S.	Baseline/Adequate	Mild P.	Moderate P.	Serious Problem
	+2	+1	0	-1	-2	-3
	Refers to a safe and secure neighborhood for the children. Caregivers can allow children to play outside without fear. Neighbors look out for each other (i.e., neighborhood “watch.”)		Refers to minor disturbances in the neighborhood, but disturbances do not prevent family members and children from spending time outside in the community.			Refers to many disturbances such as fights and/or outbursts in the neighborhood. The neighborhood is not safe for children to play outdoors or walk to the bus or to school. Evidence of violence, “boarded up” or barred windows, gun fire, the use of alcohol or drugs, and/or drug “trafficking” in the neighborhood. Neighbors fearful of “getting involved.”

4.Habitability of Housing	Clear Strength	Mild S.	Baseline/Adequate	Mild P.	Moderate P.	Serious Problem
	+2	+1	0	-1	-2	-3
	Refers to family and neighbors experiencing home as “warm.” Home is very clean and neat. Plenty of space and privacy for children. Plenty of furnishings in good repair. Safety precautions are considered and taken, such as the use of smoke alarms and dead bolts on outside doors. Poisonous items are kept locked and out of children’s reach. Plumbing is in good condition.		Refers to minimal problems in the home, such as slight overcrowding, or some clutter. However, most safety precautions are taken (e.g., poisons are out of sight but not locked). Minor house repairs (e.g., crumbling plaster) may be evident, but do not require immediate attention.			Refers to unsanitary situations, including roaches, litter, clutter, and/or unpleasant odors present in the home. Food particles and/or rotting food on the counters and tables. Urine-soaked or stained furniture, dirty diapers, dirty dishes, overflowing garbage, and/or animal or human feces on the floor. Hesitance to sit down or enter the home. Nonfunctioning plumbing, and/or no electricity. Many hazards within the reach of children, such as guns, knives, street drugs, or open medication and poisons.

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5. Income/ Employment	Clear Strength	Mild S.	Baseline/Adequate	Mild P.	Moderate P.	Serious Problem
	+2	+1	0	-1	-2	-3
	Refers to family having stable employment and income over the past 12 months. More than enough income to pay for food, housing, and/or clothing. Money is not an issue. Family has money to meet responsibilities and spend on leisure activities.		Refers to family having relatively stable employ. in the past 12 mos. Income is suffic. in meeting basic needs, such as food, rent, and clothing. There are some money pressures, such as credit card debt, but they do not significantly inhibit family activities or present purchase of necessities.			Refers to family losing employ. for “negative” reasons 2 or more times in the past 12 mo. & inability to pay for food, housing &/or clothing. Family receives public assist., and/or primary caregivers are unemployed. Money is a major issue. Child support is not paid. Public assist. has been canceled. Family does not have money to meet basic needs.

6. Financial Management	Clear Strength	Mild S.	Baseline/Adequate	Mild P.	Moderate P.	Serious Problem
	+2	+1	0	-1	-2	-3
	Refers to family using money in a way that provides benefits financially, and family has clear spending plans or priorities. Debts are small and manageable. There is a planned use of money, and no back bills. Family is good at bargain hunting.		Refers to family having debts, but debts are under control. Some problems with budgeting, but problems do not prevent family from meeting basic needs for food, rent, etc.			Refers to family being severely in debt. Family has a history within the past year of being evicted from their home due to bills. Great difficulty paying bills, and/or bills are paid late. Chaotic budgeting, and family is constantly in crisis over money. Frequently broke, due to betting or gambling. No budget plan. Luxuries are bought before necessities.

7. Food/ Nutrition	Clear Strength	Mild S.	Baseline/Adequate	Mild P.	Moderate P.	Serious Problem
	+2	+1	0	-1	-2	-3
	Refers to caregivers’ awareness of nutritional needs of children, including any special needs. Meets those needs. Prepares balanced, nutritious meals. Ample food available. Children eat on a regular schedule. Food/nutrition actively “monitored” by caregivers.		Family meets basic nutritional needs. Children have access to sufficient and varied food, though individual meals may not always be “balanced.”			Refers to caregivers’ lack of awareness of nutritional needs of children, including any special needs. Does not attempt to meet nutritional needs. Does not consider food preparation important. Inadequate supply of food, and/or inappropriate food. Lots of “junk” food consumed. Children often go hungry.

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8. Personal Hygiene	Clear Strength	Mild S.	Baseline/Adequate	Mild P.	Moderate P.	Serious Problem
	+2	+1	0	-1	-2	-3
	Refers to children looking clean and well groomed. Children have plenty of clothing, appropriate to the season. Adults look clean and well-groomed. Adults have plenty of clothing appropriate to the season. Awareness of personal hygiene and grooming. Take pride in themselves.		Refers to children occasionally wearing inappropriate clothing or appearing unkempt. However, appearance or inappropriate clothing is not causing problems for the family or children.			Refers to constant appearance of children as unkempt or dirty. Appearance of adults as unkempt. Noticeable poor personal hygiene, obviously poor dental hygiene, and/or body odor. Lack of awareness of children or adults of personal hygiene and grooming. Dress is inappropriate to the season.

9. Transportation	Clear Strength	Mild S.	Baseline/Adequate	Mild P.	Moderate P.	Serious Problem
	+2	+1	0	-1	-2	-3
	Refers to family having a car, or regular access to a car or public transportation. Reliable transportation allows family to meet obligations such as doctors' visits, school, or regular work attendance.		Refers to family having fairly regular access to reliable transportation. Occasionally, transportation difficulties will cause a problem for family (e.g., arriving late to work because of difficulties).			Refers to family not having transportation available which in turn, inhibits work, increases social isolation, and/or limits access to services, and/or prevents regular school attendance.

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10. Learning Environment	Clear Strength	Mild S.	Baseline Adequate	Mild P.	Moderate P.	Serious Problem
	+2	+1	0	-1	-2	-3
	Refers to caregivers' enthusiasm in teaching children. Family has routine for play and study. Time is planned for reading, attending outings, structured activities. Caregivers' actively involved with school, and assist children with developmental tasks. Age appropriate games and toys are provided, and evident in the home (e.g. school work is displayed). Caregivers are supportive of school personnel.		Refers to caregivers' occasionally planning time for learning activities. Caregivers do not actively seek out constant involvement with child's school, but make time available as requested.			Refers to caregivers' lack of attention or hindrance to developmental tasks of children, and low involvement with children's school. Caregivers do not value education, and are frustrated and angered with children's learning needs. No opportunities for learning at home. Games and toys absent, and/or are not age appropriate. Caregivers are not supportive of school personnel, or are disdainful of public schools/teachers.

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B. Parental Capabilities*

Note: This section refers to biological parent(s) if present, or current caregiver(s)

1. Overall Parental Capabilities	Clear Strength	Mild S.	Baseline Adequate	Mild P.	Moderate P.	Serious Problem
	+2	+1	0	-1	-2	-3
	Refers to family receiving very high ratings in the following areas: supervision of children, disciplinary practices, provision of develop./enrichment opportunities, parent(s)/caregiver(s) mental health, parent(s)/caregiver(s) physical health, and parent(s)/caregiver(s) use of drugs/alcohol.		Refers to family experiencing some problems in the following areas: supervision of children, disciplinary practices, provision of develop./enrichment opportunities, parent(s)/caregiver(s) mental health, parent(s)/caregiver(s) physical health, and parent(s)/caregiver(s) use of drugs/alcohol. However, problems do not pose major difficulties for family members.			Refers to family receiving very low ratings in the following areas: supervision of children, disciplinary practices, provision of develop./enrichment opportunities, parent(s)/caregiver(s) mental health, parent(s)/caregiver(s) physical health, and parent(s)/caregiver(s) use of drugs/alcohol.

2. Supervision of Children	Clear Strength	Mild S.	Baseline/Adequate	Mild P.	Moderate P.	Serious Problem
	+2	+1	0	-1	-2	-3
	Refers to caregivers' provision of age appropriate supervision, such as setting limits for activities based on the child's age. Caregiver is careful and attentive to child's needs in selecting substitute caregivers (baby-sitter, neighbor). Makes sure children feel comfortable and safe w/ substitute caregiver, Keeps track of children and		Refers to caregiver providing satisfactory supervision of children. Some limits are set on activities based on the child's age. Some consideration given to selecting substitute caregivers, and some concern with children's comfort w/ the substitute caregiver. Has a basic knowledge of location of children, and has a basic knowledge of children's friends.			Refers to caregivers' lack of age appropriate supervision, or any supervision. Limits on activities of children are not set or set inconsistently. Little or no consideration given to selecting substitute caregivers (strangers, known abusers, persons under the influence of drugs, alcohol). No thought about children's comfort and feeling of security w/ substitute caregiver. Children's friends are not known, and location of children is not regularly known.

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	knows childrens' friends.					
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3. Disciplinary Practices	Clear Strength	Mild S.	Baseline/Adequate	Mild P.	Moderate P.	Serious Problem
	+2	+1	0	-1	-2	-3
	Refers to caregivers' ability to provide age-appropriate, non-punitive, consistent discipline. Uses positive reinforcement, and tries to educate children through appropriate discipline. Presents good role model. Caregivers agree on parenting style and support one another.		Refers to caregivers' adequate provision of discipline and guidance of children. Occasionally discipline is inappropriate to age, too harsh or too lenient, but inconsistencies do not create major problems between child and caregivers.			Refers to caregivers' lack of discipline, or past or current emotional or physical abuse referred to as discipline. Discipline is excessive, punitive, inappropriate to age, inconsistent, and/or absent. Present poor role models. Caregivers disagree on parenting strategies and present mixed messages to child.

4. Provision of Developmental/ Enrichment Opportunities	Clear Strength	Mild S.	Baseline/Adequate	Mild P.	Moderate P.	Serious Problem
	+2	+1	0	-1	-2	-3
	Refers to caregiver(s)' encouragement of opportunities such as sports, music lessons, &/or visits to museums & parks. Caregivers do not "push" children to be involved. Caregivers are actively involved providing transportation, coaching teams, and/or participating in advisory boards.		Refers to caregivers(s)' support of opportunities for children such as sports, music lessons, &/or field trips., but caregivers are not actively involved or are involved sporadically in supporting these activities.			Refers to caregiver(s)' lack of support or over-involvement in opportunities for children such as sports, music lessons, &/or field trips. Caregivers do not encourage or discourage children's involvement in these activities. Conversely, caregivers "push" children to not only be involved but excel in activities, and are demanding regarding their children's progress.

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5. Parent(s)/ caregiver(s)' mental health	Clear Strength	Mild S.	Baseline/Adequate	Mild P.	Moderate P.	Serious Problem
	+2	+1	0	-1	-2	-3
	Refers to caregivers current (e.g., positive self esteem) mental health which positively affects ability to parent and/or successful resolution of past m. health problems (e.g. using success from overcoming issues to bolster parenting).		Refers to caregivers' current or past mental health (e.g., mild depression) which occasionally inhibits caregiver, but does not significantly hinder the caregiver's ability to parent			Refers to caregivers' current and/or past mental health problems (e.g., severe depression, bipolar disorder, active psychosis, etc.) that negatively affect ability to parent children. Caregiver projects personal problems on children or other household members

6. Parent(s)/ Caregiver(s) Physical Health	Clear Strength	Mild S.	Baseline/Adequate	Mild P.	Moderate P.	Serious Problem
	+2	+1	0	-1	-2	-3
	Refers to caregivers' current (e.g., caregivers' exercise regimen, etc.) or past medical or health history that positively affects ability to parent children.		Refers to caregivers' current or past medical or health history which provides some limits (e.g., overweight caregiver), but does not pose major obstacles in parenting abilities.			Refers to caregivers' current or past medical or health history which are not under control and greatly impair ability to parent. (Issues can range from severe asthma, diabetes, blindness, heart problems, high blood pressure, cancer, etc.)

7. Parent(s)/ caregiver(s') Use of Drugs/ Alcohol	Clear Strength	Mild S.	Baseline/Adequate	Mild P.	Moderate P.	Serious Problem
	+2	+1	0	-1	-2	-3
	Refers to caregivers' current or past use of drugs/alcohol. Caregiver does not use drugs/alcohol, or uses alcohol appropriately. Caregiver does not use illegal drugs, and actively discourages children's' use of drugs/alcohol. Caregivers' moderate or non-use does not impair ability to parent.		Refers to caregivers' current or past use of drugs/alcohol; mostly uses alcohol appropriately. Use of drugs/alcohol does not significantly hinder the caregivers' ability to supervise or parent children.			Refers to caregivers' current and/or past alcohol/substance abuse problems that negatively affect ability to parent children. Caregivers' are frequently unable to care for or supervise children due to use of drugs/alcohol. Caregiver projects personal problems on children or other household members.

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C. Family Interactions

Note: This section refers to family members living in the same or different households; an overall assessment

1.Overall Family Interactions	Clear Strength	Mild S.	Baseline Adequate	Mild P.	Moderate P.	Serious Problem
	+2	+1	0	-1	-2	-3
	Refers to family receiving very high ratings in the following areas: bonding w/ child, commun. w/ child, marital relationship, expectations of the child, & mutual support.		Refers to family receiving ratings of adequate in the following areas: bonding w/ child, communication w/ child, marital relationship, expectations of the child, and mutual support.			Refers to family receiving very low ratings in the following areas: bonding w/ child, communication w/ child, marital relationship, expectations of the child, and mutual support.

2. Bonding w/ Child	Clear Strength	Mild S.	Baseline/Adequate	Mild P.	Moderate P.	Serious Problem
	+2	+1	0	-1	-2	-3
	Refers to caregivers' healthy closeness with their child, and their ability to nurture a child. Caregivers encourage approp. independ. for child, & give love and attention freely to child. They respond to child's needs appropriately, and have a sense of attachment to child.		Refers to caregivers' ability to be close to their child. Caregivers do not openly encourage independence for their child, and may not give affection openly to child. However, child's needs appear to be met.			Refers to caregivers' inability to form a close relationship with their child, and inability to nurture their child. Caregivers are resentful, rejecting, or detached from their child. Also refers to caregivers' non-responsiveness, inappropriate responsiveness, or extreme enmeshment with their child.

3. Expectations of the Child	Clear Strength	Mild S.	Baseline/Adequate	Mild P.	Moderate P.	Serious Problem
	+2	+1	0	-1	-2	-3
	Refers to caregivers' possessing age appropriate expectations for the child, and clear expectations of the child. Above average understanding of child's development cognitively, physically, socially, and emotionally.		Refers to caregivers' expectations for the child as mostly age-appropriate. Caregivers appear to have an average understanding of child's developmental needs, but this understanding does not warrant intervention.			Refers to caregivers' having unrealistic and unclear expectations for the child. Do not tolerate mistakes in the child. Child is expected to take on adult responsibilities (i.e., "parentified"). Or, child is not allowed to engage in age-appropriate behaviors (e.g. sports, dating). Little or inappropriate understanding of normal child development.

4. Mutual Support within the Family	Clear Strength	Mild S.	Baseline/Adequate	Mild P.	Moderate P.	Serious Problem
	+2	+1	0	-1	-2	-3
	Refers to excellent emot. &/or "physical" support w/n family. "Physical" support is given when needed, such as providing day care, transport., or finan. help. Family members appear to help each other willingly.		Refers to good support within the family. some physical support is provided when requested by a family member. Most requests for help from family members are met by other family members.			Refers to poor or lack of emotional support or "physical" support among family members. Family does not provide transportation, day care, or financial assistance when needed. Undermining of each other in the family. Family members do not tolerate success by other family members.

5. Relationship between Parents/ Caregivers*	Clear Strength	Mild S.	Baseline/Adequate	Mild P.	Moderate P.	Serious Problem
	+2	+1	0	-1	-2	-3
	Refers to relationship between caregivers as stable, consistent, affectionate, and loving. Couple is able to communicate clearly and encourage each other. Couple maintains a “separateness” from children		Refers to relationship between caregivers. Some conflicts are evident, but do not appear to be leading to divorce, separation, or abandonment. Some minor difficulties with communication but do not significantly impair the relationship.			Refers to relationship between caregivers as unsupportive and unstable. Major communication difficulties with evidence of discord, violence, or indifference. Divorce, separation, or abandonment are prominent issues. Boundaries are not clearly maintained between partners, or between the couple and children.

NOTE: This item may not be applicable in all cases. This would be the case if there were only one caregiver involved, and there is no significant other. If this is the case, circle NA on the form.

D. Family Safety

Note: This section refers to family members living in the same or different households

1.. Overall Family Safety*	Clear Strength	Mild S.	Baseline/Adequate	Mild P.	Moderate P.	Serious Problem
	+2	+1	0	-1	-2	-3
	Refers to families receiving very high marks in the following areas: absence/presence of physical abuse of children, absence/presence of sexual abuse of children, absence/presence of neglect of children, and absence/presence of domestic violence between parents/caregivers.		Refers to families receiving baseline ratings in the following areas: absence/presence of physical abuse of children, absence/presence of sexual abuse of children, absence/presence of neglect of children, and absence/presence of domestic violence between parents/caregivers.			Refers to families receiving very negative marks in the following areas: absence/presence of physical abuse of children, absence/presence of sexual abuse of children, absence/presence of neglect of children, and absence/presence of domestic violence between parents/caregivers.

2. Absence/ presence of physical abuse of children*	Clear Strength	Mild S.	Baseline/Adequate	Mild P.	Moderate P.	Serious Problem
	+2	+1	0	-1	-2	-3
	Refers to families in which incid./ complaints/substant. have never occurred, or has occurred & family successfully been involved in counseling. Caregivers do not condone violence.		Refers to families in which physical abuse has not occurred, or in which complaints/incidents/substantiations of abuse by caregivers has occurred, but satisfactory progress is being made through counseling or the provision of other services.			Refers to incidents/complaints/ substantiations of physical abuse by caregivers which have not been acknowledged or addressed, or have been resolved unsatisfactorily. Caregivers may be actively denying substantiated abuse and/or neglect, or actively resisting intervention.

3. Absence/ presence of sexual abuse of children	Clear Strength	Mild S.	Baseline/Adequate	Mild P.	Moderate P.	Serious Problem
	+2	+1	0	-1	-2	-3
	Refers to child who has never experienced sexual abuse, and who has learned about such concepts as “good” and “bad” touch. Or, a child who has experienced sexual abuse, and is now being “protected.” Child is in treatment, and has been making excellent progress.		Refers to child who has never experienced sexual abuse, but has not been actively taught concepts such as “good” or “bad” touch. Or, a child who has been sexually abused, but is making satisfactory progress in treatment.			Refers to child having experienced sexual abuse by others, or child sexually abused others. May be inferred or substantiated. Child has been referred for treatment or is in treatment. A judgment is made regarding unsatisfactory progress in treatment. Sexual abuse is ongoing, or risk of sexual abuse is high.

4. Absence/ presence of emotional abuse of children	Clear Strength	Mild S.	Baseline/Adequate	Mild P.	Moderate P.	Serious Problem
	+2	+1	0	-1	-2	-3
	Refers to child who has never been emotionally abused, and who exhibits secure feelings, and possesses a sense of self-worth. Or, a child who has experienced emotional abuse, and is making excellent progress in treatment.		Refers to child who has never been emotionally abused. Child basically exhibits secure feelings or self-esteem. Or, a child who has been emotionally abused, but is in treatment and is progressing satisfactorily.			Refers to child having been emotionally abused by others. Child has been referred for treatment or is in treatment. Treatment is judged to be progressing unsatisfactorily. Incidents of emotional abuse have increased, are ongoing, or risk is high.

5. Absence/ presence of neglect of children	Clear Strength	Mild S.	Baseline/Adequate	Mild P.	Moderate P.	Serious Problem
	+2	+1	0	-1	-2	-3
	Refers to families in which incidents/complaints/substant. of neglect have never occurred, or have occurred & outstanding progress in counseling is made for the family.. Caregivers recognize and are successful in meeting children's physical, social, and emotional needs.		Refers to families in incidents/complaints/substant. of neglect have never occurred, or have occurred but some progress in counseling is made for the family.. Caregivers usually recognize physical, social, and emotional needs of children and meet most of these needs.			Refers to incidents/complaints/substantiations of child neglect by caregivers which have not been acknowledged or addressed, or have been resolved unsatisfactorily. Caregivers may be actively denying substantiated neglect, or actively resisting intervention.

6. Absence/ Presence of Domestic Violence between parents/ caregivers	Clear Strength	Mild S.	Baseline/Adequate	Mild P.	Moderate P.	Serious Problem
	+2	+1	0	-1	-2	-3
	Refers to families in which violence has never occurred between caregivers, and all family members are encouraged to solve problems "nonviolently." Also refers to families in which domestic violence has occurred, but no longer occurs due to family's success in counseling, and family actively discourages violence.		Refers to families in which domestic violence has occurred, but no longer occurs. Family is involved in counseling and making some progress. Also, families in which violence has never occurred. Disputes occur, and family members solve problems without violence.			Refers to incidents/complaints/arrests for domestic violence. Violence between caregivers negatively affects ability to parent and/or has resulted in physical or emotional harm to children.

NOTE: This item may not be applicable in all cases. This would be true if there were only one caregiver involved, and there is no significant other. If this is the case, circle NA on the form.

E. Child Well-Being

Note: This section pertains to all children in the family. Any child having problems may affect the whole family system.

1. Overall Well-Being	Clear Strength	Mild S.	Baseline/Adequate	Mild P.	Moderate P.	Serious Problem
	+2	+1	0	-1	-2	-3
	Refers to family receiving very high ratings in the following areas: child's physical health, child's mental health, child's behavior, school perform., relationship w/ caregivers, relationship w/ siblings, relationship w/ peers, & motivat./cooperat. & no ratings in: alcohol/substance, sexual, and emotional abuse areas.		Refers to family receiving adequate ratings in all of the areas: child's physical health, child's mental health, child's behavior, school performance, relationship w/ caregivers, relationship w/ siblings, relationship w/ peers, motivation/cooperation, alcohol/substance, sexual, and emotional abuse.			Refers to family receiving very low ratings in the following areas: child's physical health, child's mental health, child's behavior, school performance, relationship w/ caregivers, relationship w/ siblings, relationship w/ peers, motivation/cooperation, alcohol/substance abuse, sexual abuse, and emotional abuse.

2. Child(ren's) Mental Health	Clear Strength	Mild S.	Baseline/Adequate	Mild P.	Moderate P.	Serious Problem
	+2	+1	0	-1	-2	-3
	Refers to child's over all, excell. m. health. Good emot. stability & self concept. Able to handle stress effectively. Child may have mental health issues, but participates in trtmt, taking medicat., & is making excellent progress.		Refers to child's having good, overall mental health. Basically good emotional stability. Child may have had episodes of anxiety. Or, child may have some mental health issues that are being addressed satisfactorily in treatment.			Refers to child's having poor, overall mental health. Emotional difficulties. Inability to handle stress. Diagnosed w/ mental illness, and/or other emotional disabilities. Child is making unsatisfactory progress in treatment. Treatment is sporadic, and/or medication is not taken regularly.

3. Child(ren's) Behavior	Clear Strength	Mild S.	Baseline/Adequate	Mild P.	Moderate P.	Serious Problem
	+2	+1	0	-1	-2	-3
	Refers to child being well behaved, and there are no discipline problems. Child viewed as cooperative, following rules, and doing chores.		Refers to some problems in managing child's behavior, and some discipline problems. Child is usually cooperative, has some difficulties in following rules or completing chores, but problems do not merit intervention.			Refers to problems managing child's behavior at home, and/or in school. Totally uncooperative. Refuses to follow rules, or do chores. Delinquent and/or highly oppositional behaviors. Problems w/ courts and law enforcement.

4. School Performance	Clear Strength	Mild S.	Baseline/Adequate	Mild P.	Moderate P.	Serious Problem
	+2	+1	0	-1	-2	-3
	Refers to child having excellent attend. at school, & an excellent academic record. Child likes school, &/or behaves appropriately in school.		Refers to child having good attendance and an average academic record. Some behavior problems may be evident in school.			Refers to child having poor attendance at school, a poor academic record, and/or many behavior problems in school. Child professes to hate school, and/or avoids school w/ illnesses or truancy.

NOTE: This item may not be applicable in all cases. This would be true if the child is not of school age. If this is the case, circle NA on the form.

5. Relationship w/ Caregivers	Clear Strength	Mild S.	Baseline/Adequate	Mild P.	Moderate P.	Serious Problem
	+2	+1	0	-1	-2	-3
	Refers to child accepting discipline and supervision. Having open and clear communication w/ caregivers.		Refers to child having some problems in accepting discipline and supervision. Also, some problems in communication w/ caregivers, but doesn't warrant intervention.			Refers to discipline and supervision problems w/ child. Lack of open and clear communication, or no communication w/ caregivers. Does not respect boundaries, and has an abusive or hostile relationship w/ caregivers.

6. Relationship w/ Siblings	Clear Strength	Mild S.	Baseline/Adequate	Mild P.	Moderate P.	Serious Problem
	+2	+1	0	-1	-2	-3
	Refers to getting along well w/ siblings. Help one another when in need. Infrequent fights or problems. Siblings can play together.		Refers to getting along for the most part w/ siblings. Some fights occur among siblings, and siblings do not play together frequently. Problems among siblings do not merit special attention.			Refers to frequent fights and inability to get along w/ siblings. No support to or from siblings. Intense rivalry, conflict, and/or scape-goating of siblings. Fights may result in injury, or other behavior may result in emotional damage to siblings.

NOTE: This item may not be applicable in all cases. This would be true if there are no siblings in the family. If this is the case, circle NA on the form.

7. Relationship w/ Peers	Clear Strength	Mild S.	Baseline/Adequate	Mild P.	Moderate P.	Serious Problem
	+2	+1	0	-1	-2	-3
	Refers to child having peers as friends, and peer group appears to be a positive influence. Gets along well with peers. Has frequent interactions. May play team sports, or participate in other school or church related clubs or groups.		Refers to child having a few peers as friends. Peers do not appear to exhibit much of a positive or negative influence on the child.			Refers to child's inability to form friendships w/ peers, or inability to get along well w/ peers. Child may have frequent fights with peers or avoid peers. Also, child may have peers as friends, but peer group appears to be a negative influence, including gangs, or peers involved w/ drugs, alcohol, and/or delinquent/criminal activities.

NOTE: This item may not be applicable in all cases. This would be true if there were no peers, due to the age of the child. If this is the case, circle NA on the form.

8. Motivation/ Cooperat. to maintain the family	Clear Strength.	Mild S.	Baseline/Adequate	Mild P.	Moderate P.	Serious Problem
	+2	+1	0	-1	-2	-3
	Refers to child being interested in staying w/ family/caregivers. Child is motivated to change behaviors and cooperate.		Refers to child's interest in staying w/ family/caregivers. Child is not observably motivated to change behaviors and cooperate, but child will accept interventions or services.			Refers to child's lack of interest in staying w/ family/caregivers. Child is not motivated to change behaviors and does not want to cooperate. Child is against any intervention or services, or child has strong desire to leave family for self-serving reasons.

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(*)See User's Guide to the NCFAS, Version 2.0, for additional information on scale construction and psychometrics.

F. Caregiver/Child Ambivalence

1. Overall Caregiver/Child Ambivalence	Clear Strength	Mild S.	Baseline/Adequate	Mild P.	Moderate P.	Serious Problem
	+2	+1	0	-1	-2	-3
	Both child(ren) and caregiver(s) are eager to reunite, as evidenced by both verbal and behavioral expression of desire to be together. Family receives mild to clear strength rating on the items in this domain: Parent/Caregiver Ambivalence Towards Child, Child Ambivalence Towards Parent/Caregiver, Ambivalence Exhibited by Substitute Care Provider, Disrupted Attachment, Pre-Reunification Home Visitations.		Both child(ren) and caregiver(s) say they want to be together; one or both may be apprehensive or nervous about reunion, but that apprehension is determined to be due to uncertainty about capability rather than competition for affection, substantive inability to parent, or significant unresolved treatment issues. Some mild problems may be present on the items comprising this domain, but family is working to resolve those issues.			Child(ren) and/or caregiver(s) express serious reservations about being together, either due to fear of future harm, strong negative affect by one or both parties towards the other, previous history of removal of this or other child(ren), and or prior failed reunification efforts. Generally problematic or some strongly negative ratings on the items comprising this domain: Parent/Caregiver Ambivalence Towards Child, Child Ambivalence Towards Parent/Caregiver, Ambivalence Exhibited by Substitute Care Provider, Disrupted Attachment, Pre-Reunification Home Visitations

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2. Parent/ Caregiver Ambivalence Towards Child	Clear Strength	Mild S.	Baseline/Adequate	Mild P.	Moderate P.	Serious Problem
	+2	+1	0	-1	-2	-3
	Caregiver responds appropriately to child, both verbally and non-verbally. Caregiver receptive and responsive to services designed to support reunification by bringing the caregiver and child closer together; is willing to attend to child's needs before their own. Caregiver acknowledges and accepts responsibility for role in family difficulties leading to removal.		Caregiver generally responds appropriately to child, but may harbor some resentment or occasional feeling of intrusion or excessive demands by child. Caregiver accepts some responsibility for family difficulties leading to removal and is making progress in this area. Generally positive feelings towards child, but may need ongoing support or additional services after reunification.			Caregiver purposefully abused/neglected child in the past; expresses disaffection towards child; associates negative feelings towards child with negative feelings towards child's other caregiver; originally requested removal of child. Caregiver claims not to understand child, fails to respond to child appropriately or responds very inappropriately; expresses disillusionment with child, feels anger or a sense of violence towards child, and/or resents child's interference with caregiver's own life. Caregiver blames child for family difficulties leading up to removal; caregiver has refused to respond to services intended to achieve reunification.

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3. Child Ambivalence Towards Caregiver	Clear Strength	Mild S.	Baseline/Adequate	Mild P.	Moderate P.	Serious Problem
	+2	+1	0	-1	-2	-3
	Child is very comfortable in presence of caregiver; expresses love for caregiver. Child responds appropriately to caregiver affect, expressions of love, and exercising of caregiver responsibilities (limit setting, discipline). As appropriate to age, child exhibits a desire to live with caregiver; acknowledges and accepts any responsibility child had for family difficulties leading to removal; has responded to and engaged in treatment or services intended to effect reunification.		Child is generally comfortable in caregiver's presence, but may respond fearfully or withdraw if caregiver becomes angry or if family tensions arise. Generally responds appropriately to caregiver affect, but may resist caregiver limit setting or discipline. Does not always acknowledge caregiver authority or responsibility. Child expresses a desire to be with caregiver, but expresses some reservations about caregivers desire to be with child. Child is somewhat conflicted by desire to return home, leaving behind feelings of security or comfort afforded during period of substitute care.			Child is fearful of caregiver. Child experienced serious physical or emotional harm prior to removal and holds caregiver responsible (verbally or behaviorally). As appropriate to age, child verbally or otherwise expresses fear, mistrust, anger or feelings of violence towards caregiver, feels that caregivers limits are too strict, is embarrassed by caregiver; states that he/she will not stay with caregiver to work out problems that may arise in the future.

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4. Ambivalence Exhibited by Substitute Care Provider/	Clear Strength	Mild S.	Baseline/Adequate	Mild P.	Moderate P.	Serious Problem
	+2	+1	0	-1	-2	-3
	Substitute care provider has always expected reunification to occur; supports reunification philosophically; is willing to work with and/or be a resource for caregiver to achieve successful reunification.		Substitute care provider understands policy on reunification, but has bonded with child and is experiencing feelings of separation/loss. As age appropriate, child feels or behaves with reciprocity. Substitute care provider expresses some reservations about caregivers ability to adequately care for child, but is willing to give caregiver a fair chance at resuming roll as caregiver.			Substitute care provider opposes reunification; threatens or has taken legal steps to block reunification; strongly views caregiver as flawed or unworthy of return of child; has provided/promoted different socio-economic environment (e.g., food, clothing, play items, recreation) for child and uses that difference to sabotage reunification efforts. Substitute care provider has denigrated caregiver to child, actively expressed view of caregiver's inability to resume parental/caregiver roll.

5. Disrupted Attachment	Clear Strength	Mild S.	Baseline/Adequate	Mild P.	Moderate P.	Serious Problem
	+2	+1	0	-1	-2	-3
	Both caregiver and child long to resume intimate family relationship. As age appropriate, each acknowledges the strengths and limitations of the other, and is willing/eager to resume relationship with accommodation to limitations.		Child and/or caregiver acknowledge that separation has been painful and have worked/are working to repair relationship. Relationship reparations includes counseling or other treatment regarding development and age-appropriate expectations, to effect reconnection between child and caregiver.			Child or caregiver or both express marked feelings of lost attachment to the other. Period of separation has been very long, and/or child was removed at very young age and has developed/aged/bonded in relation to persons other than the caregiver. Child is at a markedly different stage of development (particularly for older children) than when removal from caregiver occurred. Caregiver may have had another child or joined another family unit and has transferred affection/attention to other persons.

6. Pre-reunification Home Visitations	Clear Strength	Mild S.	Baseline/Adequate	Mild P.	Moderate P.	Serious Problem
	+2	+1	0	-1	-2	-3
	Both caregiver and child (as age appropriate) exhibit positive anticipation of home visits. Caregiver plans activities or special time together with child, and executes those plans. Home visitations have progressed well in terms of increasing frequency and duration and decreasing necessary supervision. Visitations are incident-free; child and caregiver express sadness/sorrow that visitation period ends.		Caregiver and child (as age appropriate) are working out issues and re-establishing roles during home visitations. Some minor incidents may arise, but caregiver discusses them with service provider and uses them as opportunity to learn more and prepare for next visit. Child and/or caregiver complete visits with minor reservations about longer term reunification, but continue to work to resolve differences or issues.			Caregiver has not participated satisfactorily in scheduled home visits; has missed visits, failed to supervise child adequately during visits; has requested early termination of visits, has allowed family issues to escalate into incidents of high tension or even suspected abuse/neglect of child. Child has requested early termination of visits, has refused to stay with caregiver, has reported maltreatment (substantiated or not) at hands of caregiver during visitations.

Note: Although “Intake” ratings are always important on this subscale, “Closure” ratings may not be appropriate in all cases, depending largely on the reunification model employed and the timing of the assessment.

G. Readiness for Reunification

1. Overall Readiness for Reunification	Clear Strength	Mild S.	Baseline/Adequate	Mild P.	Moderate P.	Serious Problem
	+2	+1	0	-1	-2	-3
	Family has made substantial progress on practical/logistical/legal issues since removal, and is ready to have child returned permanently. Family generally receives mild- to clear-strength ratings on the items associated with this domain: Resolution of Significant CPS Risk Factors; Completion of Case Service Plans; Resolution of Legal Issues; Parent/Caregiver Understanding of Child Treatment Needs; Established Back-Up Supports and/or Service Plans		Family has made some progress on practical/logistical/legal issues, and is moving in the right direction. Some issues may remain, but are not viewed as sufficiently serious to prevent reunification. Additional services may be necessary to continue progress on outstanding or unresolved issues. Some mild problem ratings may be evident on domain items, but family is making progress on those items.			Family clearly not ready for return of child due to family chaos, unsatisfactory or high-risk living situations or dangerous or illegal family lifestyles. Little or no progress made on the issues leading to removal; Family embroiled in contests with the law and with authority figures in general. Family receives numerous problem ratings on items in this domain.

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2. Resolution of Significant CPS Risk Factors	Clear Strength	Mild S.	Baseline/Adequate	Mild P.	Moderate P.	Serious Problem
	+2	+1	0	-1	-2	-3
	Caregiver has addressed “pre-potent” needs of family (transportation, housing, employment, income, supervision, etc). If appropriate, perpetrator has been removed from family by remaining caregiver. Caregiver has reconstructed living environment to afford protection and care of child.		Caregiver has made substantial progress towards resolution of risk factors that led to removal. Some issues remain unresolved, but improved, and progress continues to be made. Caregiver acknowledges and accepts responsibility for continued work on those issues.			Caregiver has maintained destructive, abusive, or inappropriate relationships with other adults (or perpetrator) or has established new such relationship(s) in child absence. Caregiver has failed to address pre-potent needs that place family under extreme stress or threat of legal intervention such as continued use of drugs, alcohol, or engaging in prostitution, or criminal lifestyle, etc).

3 Completion of Case Service Plans	Clear Strength	Mild S.	Baseline/Adequate	Mild P.	Moderate P.	Serious Problem
	+2	+1	0	-1	-2	-3
	Caregiver has successfully completed required services and/or voluntary services (esp. alcohol/drug abuse, anger management, crisis management, communications) and has demonstrated newly acquired skills/abilities. Caregiver appears gratified by new skills/abilities, and appears to have internalized change. Caregiver is approachable and receptive to the idea of ongoing services, and is eager or willing to participate.		Caregiver has completed required services at least to the extent required by court order or authoritative service plan. Caregiver can verbalize knowledge about skills/behaviors/abilities, but has not necessarily demonstrated same. Caregiver may deny having needed some of the offered services, but acknowledges benefits of some of the services.			Caregiver strongly denies need for services, is oppositional to receipt of services, has failed to participate meaningfully or complete required services. Caregiver repeatedly exhibits behaviors that were the focus of service plan, and/or flaunts non-compliance to service providers or others in authority. Caregiver blames others, including service providers, “the system”, adult partner(s) or child for problems and in defense of non-participation.

4. Resolution of Legal Issues	Clear Strength	Mild S.	Baseline/Adequate	Mild P.	Moderate P.	Serious Problem
	+2	+1	0	-1	-2	-3
	Caregiver has pursued legal remedies or accepted legal services to resolve specific issues of a legal nature, including obtaining domestic violence restraining order, resolving legal charges resulting from abuse/neglect allegations. If appropriate, paternity has been established and child support is being provided. Other legal/criminal difficulties being experienced by caregiver that may affect future ability to parent or provide care have been resolved (e.g. pending eviction, pending criminal court cases).		Caregiver is engaged in process of resolving legal issues that may affect ability to provide steady competent care. Some issues are still not completely resolved, but caregiver is engaged in the process of resolution, with appropriate and realistic expectations. Caregiver is not resistant to receiving legal assistance when it is necessary. None of the unresolved issues is likely to cause family chaos or removal or caregiver is unsuccessfully resolved.			In spite of restraining order, caregiver continues to maintain destructive or dangerous relationship with other adult(s); caregiver has chosen to legally oppose authority in spite of low probability of “winning” and is expending energy on losing legal conflicts rather than expending energy on becoming a more competent, caring caregiver. Caregiver has serious legal charges pending that may result in incarceration or other serious impediment to future care-giving.

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(*)See User’s Guide to the NCFAS, Version 2.0, for additional information on scale construction and psychometrics.

5. Parent/ Caregiver Understanding of Child's Treatment Needs	Clear Strength	Mild S.	Baseline/Adequate	Mild P.	Moderate P.	Serious Problem
	+2	+1	0	-1	-2	-3
	Caregiver has completed education or counseling on child-centered issues and understands what to expect from child, as age appropriate, including possible different developmental stage of child than prior to removal (e.g., puberty). If child has cognitive or developmental disabilities, caregiver knows what to expect and has service plans in place to help child develop. If child is coming out of institution or closed treatment facility, caregiver is aware of and supportive of treatment goals and is prepared to support future treatment.		Caregiver is fairly knowledgeable of treatment provided to child during period of out-of-home care, and seems to understand treatment goals. Caregiver may not understand completely the potential future treatment needs of child but professes to support future treatment if needed. Caregiver may not fully understand cognitive/developmental disabilities of child, but is willing to accept outside assistance, if needed. Caregiver may not fully understand medication regimen, but is willing to administer medication and to allow child to have access to ongoing psychological services.			Caregiver blames child for cognitive or developmental disabilities, hold child responsible for progress that may not be attainable. Caregiver views normal child developmental processes as deliberately oppositional to caregiver authority or lack of respect. Caregiver unwilling to engage in discussion of child's experiences in institutional or closed facility care, and expects child to return "fixed" or cured. Caregiver denies need for or opposes medications or ongoing psychological or medical services.

Note: This sub-scale may also be used to assess *Child's* knowledge of *Parent's* treatment needs. Though less common, a child may be being returned to a family in which one or more caregivers have ongoing treatment needs, and the child's understanding and cooperation, if not participation, may be important to successful reunification. To use the sub-scale to assess "Child's Understanding of Caregiver's Treatment Needs" simply substitute "child" and "caregiver" in the text of the definitions.

6. Established Back-Up Supports or Service Plans	Clear Strength	Mild S.	Baseline/Adequate	Mild P.	Moderate P.	Serious Problem
	+2	+1	0	-1	-2	-3
	Caregiver has established plans and back-up plans for supervision of child, for accessing emergency family services, for respite if needed. Caregiver has plans for accessing social services, mental health services or law enforcement, if needed. Friends and family are available for social/emotional support. Plans and mechanisms are in place to provide health care, education and age-appropriate socialization of child.		Caregiver has some plans in place to provide basic supervision of child or to access services on emergency basis. Caregiver has minimum social/family support. Caregiver does not oppose health, education or socialization efforts on child behalf, but is fairly passive, relying on external sources such as school system and emergency medical care.			Caregiver has constructed no plans or ineffective plans for child care and supervision. Caregiver opposes outside provision of services (e.g., refuses to respond to requests by school for parent meeting). Caregiver remains oppositional with regard to publicly provided social services, mental health services, psychological services and has not engaged those services for post-reunification support. Caregiver remains estranged from family and/or remains socially isolated and therefore without social or emotional support should a crisis or need for assistance arise..

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